

pg. 2

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <div style="text-align: center;">9/865242</div>	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16		/					66						
17		/					67						
18		/					68						
19		—					69						
20		—					70						
21		/					71						
22		—					72						
23		—					73						
24		/					74						
25		—					75						
26		—					76						
27		—					77						
28		—					78						
29	/		/				79						
30		/		/			80						
31		/		/			81						
32		3		3			82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.	10		5				TOTAL DEP.						
TOTAL CLAIMS	11		6				TOTAL CLAIMS						

CLAIMS ONLY

SERIAL NO.

04865242

FILING DATE

05-30-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4						
5	1					
6		1				
7		1				
8		1				
9						
10		1				
11		1				
12	1					
13	1					
14		1				
15			1		1	
16				1		1
17				1		1
18				1		1
19				4		3
20			1		1	
21				4		1
22				4		1
23			1		1	
24				1		1
25			1		1	
26				1		1
27				1		1
28				2		2
29			1		1	
30				1		1
31				1		1
32				3		3
33						
34						
35						
36						
37						
38						
39						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4		5		5	
TOTAL DEP.	10		25		15	
TOTAL CLAIMS	14		30		20	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
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91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Pg. 1